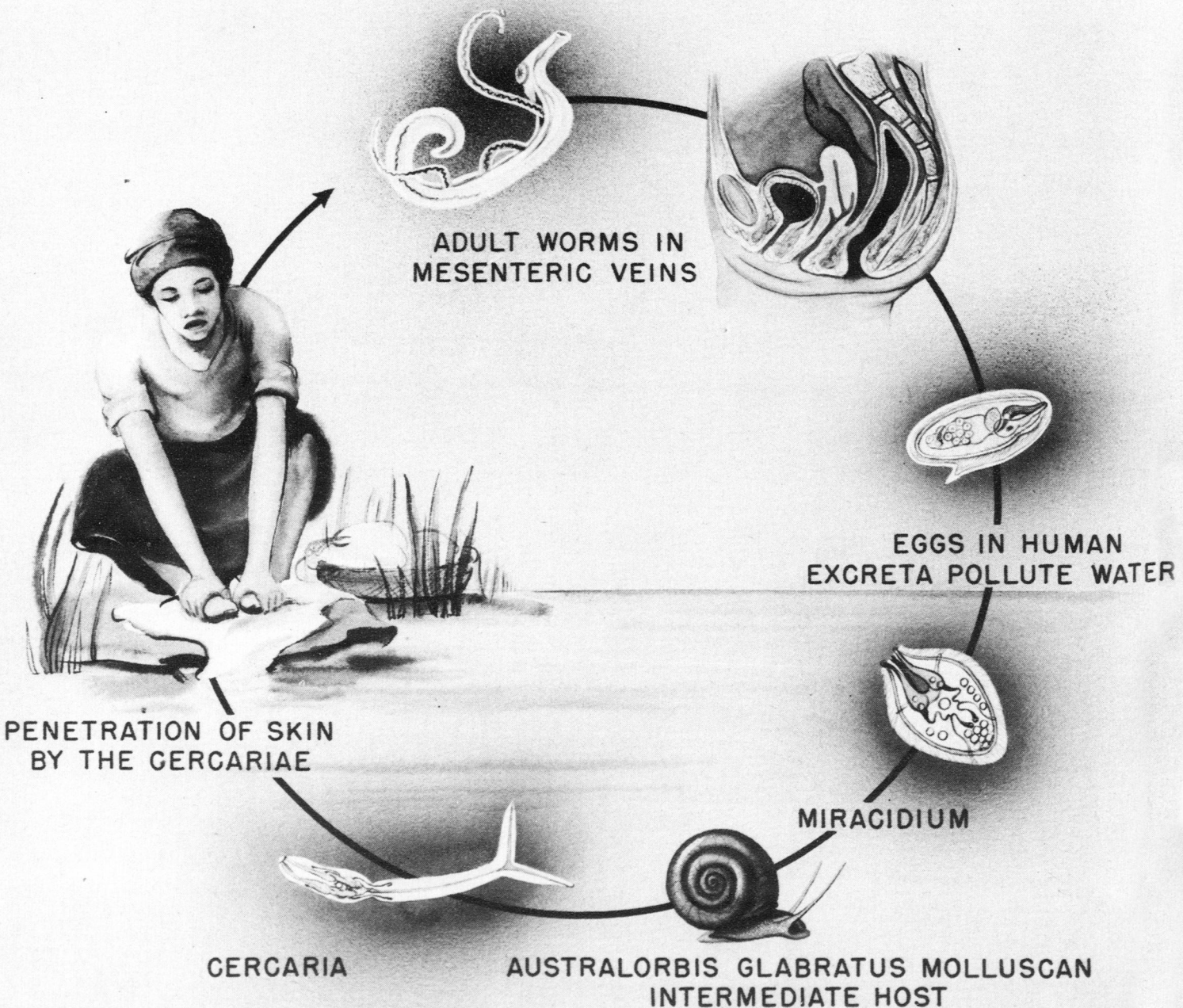


LIFE CYCLE OF

Schistosoma mansoni

see overleaf



Schistosomiasis

The parasitic worms which cause schistosomiasis, a chronic disease present in about 114 million individuals throughout the world, follow a complex life cycle, illustrated on the frontispiece. The disease is particularly widespread in areas of the world with low standards of sanitation. In some areas of Egypt, for example, 90 percent of the population suffers from schistosomiasis, and the productive potential of the nation is estimated to be lowered one-third.

The worms responsible for the disease are commonly known as blood flukes. They inhabit veins of the abdominal cavity and pelvis. The eggs extruded by the female worms penetrate various tissues and may find their way to all or nearly all organs of the body, where they cause inflammatory reactions and interfere with normal body function.

Various attempts to control schistosomiasis have included improved sanitation, mass chemotherapy, and attack on the snail intermediate hosts. The latter measure is one of the most promising, and in recent years attention has been focused on new chemicals which might be more effective. In many areas, transmission of the disease is intimately linked with age-old agricultural and religious practices, which are difficult to change. This, plus the fact that there is no satisfactory treatment for the disease, points to control of the snail hosts as one of the most promising approaches to the problem.

A debilitating affliction which often makes its victims too sick or too weak to work, schistosomiasis runs a chronic course which may extend over many years. Death may result from cumulative damage to vital organs.

During the last few years, chemicals which have proved effective in snail eradication experiments in the laboratory have undergone extensive field tests in various parts of the world by scientists of the laboratory of tropical diseases in the National Institutes of Health of the Public Health Service. One such project was set up in Recife, Brazil, in cooperation with the Pan American Sanitary Bureau and Brazil's Ministry of Education and Health. This work is reviewed by Wright and Dobrovolsky on p. 1156 of this issue of *Public Health Reports*.

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PUBLIC HEALTH REPORTS

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and

PUBLIC HEALTH MONOGRAPHS

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U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service

THIS ISSUE of the Index to *Public Health Reports* is divided into two parts. Part 1 is the index to *Public Health Reports* and Public Health Monographs. Part 2 lists the monographs published concurrently with the various issues of *Public Health Reports*.

Titles of original articles are followed by the author's name in brackets. Example: Treatment of tuberculosis [Amberson]-----928.

The author entries appear in capital and small capital letters followed by the title. Example: AMBERSON, J. BURNS: Treatment of tuberculosis-----928.

A monograph entry in part 1 carries a "see" reference to part 2 and can be found by referring to the specified monograph number in that part.

A code is used to indicate the other entry categories. Summary articles of monographs are indicated by (MS) following the entry; original articles interpreting a monograph by (MI). Other classifications used in the index are: (B) for briefs; (CR) for conference reports; (E) for excerpts; (LN) for legal notes; and (SR) for short reports.

Titles of current departmental publications appear under the entry "Publications" and are not cross indexed. A compiled annual list of Public Health Service publications may be obtained from the Public Inquiries Branch.

A cumulative manuscript file of the 1952 and 1953 indexes is available for consultation.

Since the illustrative material on the inside of the front cover is a part of the contents, it is recommended that the front covers of each issue be included when binding the volume.

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Key to Classification Code

- (B) Brief
- (CR) Conference report
- (E) Excerpt
- (LN) Legal note
- (MI) Monograph interpretive article
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